

MEETING TITLE: Standards Committee Meeting

DATE: April 29, 2004

ATTENDEES: Torney Smith, Jack Williams, Vicki Kirpatrick, Lou Ann Cummings, Janice Adair, Joan Brewster, Nancy Reid, Maxine Hayes, Larry Fey, Craig McLaughlin, Marie Flake, Christy Spice, Jane Wright, Rita Schmidt

ISSUES	DISCUSSION	DECISIONS	FOR ACTION
Interim Activities	Presentation about the Standards is scheduled with Regional Emergency Response Coordinators-May 14, Vancouver		Torney Smith and Rita Schmidt-presenting
Self Assessment	Will occur with an electronic form. Each site will be asked to complete one survey. This will be a check against the results of 2001. It is voluntary but the results include training needs and work done since the last assessment. The information will come back to the Standards Committee, DOH and WASLPHO.	Briefing to DOH Senior Management Team will be May 11.	Suggestion for wording to the letter. Can it be printed for discussion prior to completion?
Administrative Capacities	<p>Field Test tool reviewed. A letter will go out to the five counties that have volunteered to field test the Administrative Capacities and measures in May with the tool and a request to have results back by mid-July. The five counties are San Juan, Snohomish, Spokane, Skagit and Grant.</p> <p>DOH is developing the process it will use to field test the Standards and measures. Will DOH use the same tool? This could be confusing because of some of the questions.</p> <p>The results of the field test could be used to educate local Boards of Health. There are more Administrative Capacities and Measures in the Leadership and Governance category than any other category. If there are problems meeting the timelines or completing the tool, Standards Committee members may need to follow-up with the field test counties.</p>	Use a separate tool for DOH.	<p>Standards Committee to review Leadership and Governance category after field-testing to identify any streamlining.</p> <p>Brief Association of Counties early to gain their acceptance early on.</p>

<p>“Tweaking the Standards”</p>	<p>The report from the subcommittee (see attached). Summary of comments from the Standards Committee about the intent of specific measures: AS L 4.2-the intent is for an annual report to the local Board of Health that reports on assessment data and recommends actions. AS L 5.2, 5.3 –areas of duplication with Administrative Capacities-should continue to be included at this time in the Public Health Standards. EH L 1.5-the Standard calls for education to be included in a planned way. The measure should be consistent with the plan. EH L 2.1-the version recommended by the consultants is fine. CD S 4.5 –Keep this measure here and in EH. EH S 1.6-Use the original wording and reference a plan. EH S 2.3- Accept consultant recommendation with deletion of ”health care” preceding services and other edits recommended by subcommittee. AC S 2.4 –New wording: Periodic studies regarding workforce needs and the effect on critical health services are analyzed and disseminated to LHJ’s and other agencies.</p> <p>The Committee agreed to simplify the numbering system by eliminating the number references to the Key Management Practices and making the numbers sequential.</p>	<p>Approval of new wording for ASL 1.1, ASL 1.4, PP S 1.3</p> <p>Accepted the report of the subcommittee</p> <p>Approval to change the numbering system: AS __. __L or S Topic, standard, measure, local or state.</p>	<p>Committee will review all the suggested edits made by the subcommittee and make any comments by May 28 to Rita Schmidt.</p> <p>The Subcommittee will meet again to finalize any wording and include suggestions from this meeting.</p> <p>Standards Committee will receive a revised version in early June with two weeks to review.</p> <p>Final edits will be presented to Steering Committee on June 21 for final approval.</p>
<p>Discussion with the Steering Committee</p>	<p>The attached questions stimulated the following discussion: Are LHJ’s willing to go one step further in assessing their performance against the Standards? Many LHJ’s felt that the last assessment was an optimistic look at the Standards and the next assessment should be more in depth and more accurate. Maybe we would use: Usually meets the Standard, Frequently meets the Standard, Always meets the Standard.</p> <p>Another approach could be to focus on one area of the standards for a more in depth assessment. It is important that we are able to make comparisons to the last measurement and that there is some consistency of process. Would it be helpful to create a DOH-like matrix to use with LHJ’s? It is important that all sites look at all the Standards. It is important to keep all the standards in front of everyone.</p> <p>Integration of the Standards into daily work is how the entire system will improve. The process is as important as the measures. It is important to keep everyone interested in the whole set.</p> <p>An important discussion is whether reporting on the Consolidated Contract should be tied to the Standards. If LHJ’s are held to a greater level of accountability who will hold the state accountable? The “Florida model” is attractive in that there is agreed performance and local and the state public health hold each other accountable. Agreements for improvement are reached across the whole system. Both the State and LHJ’s should be mutually accountable to the public health system.</p> <p>What should happen when one entity of the system consistently under performs? The Standards were written to create a system that works. Do we need to build in accountability with consequences?</p>		<p>These questions will be posed to the Steering Committee and discussions will be continued at the next several meetings of the Standards Committee.</p> <p>Create opportunities for discussions on these topics at PHELF and PHND.</p>

Joint- Workforce Dev/Standards Subcommittee Report	Review of Training Performance Improvement Plan Subcommittee charter and a diagram that shows how all the pieces of the work tie together. A bar chart showing the results of the Standards that expressly state expectations about training were presented. The subcommittee identified three priority areas for training: Results Based Accountability (emphasis on Program Evaluation) Coalitions and Alliances (emphasis on Community Mobilization) Systems Thinking Quality Improvement (It was recommended that this be folded into Results Based Accountability)		This information will be presented to PHELF. The subcommittee will define the training plan to address these priorities. The Standards committee has representatives to this subcommittee.
Joint-Finance/Standards Subcommittee Report	The methodology for Costing the Standards for Local Health Departments was presented. Estimates will be created for a health department of 175,000 people. Four counties have agreed to make these estimates. These will then be verified with counties in this state of that size. The process for DOH is being designed.	Hold a Joint Meeting of the Standards and Finance Committees on June 7.	Cost estimates will be presented at this meeting and approaches for scaling.

Next Meeting: June 7, 2004 Joint Meeting with Finance
July 29, 2004 Standards Committee Meeting